

SUMMONS IN A CIVIL ACTION
UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF MICHIGAN

MARY OWENS, Personal Representative of the Estate
of Stephen Stiles, Deceased

Case No. 1:13-cv-00478-JTN
Hon. Janet T. Neff

v.
Kent County, et al

TO: Deputy Jeff Sullivan
ADDRESS: Kent County Correctional Facility
701 Ball Avenue, NE
Grand Rapids, MI 49503
(616) 632-6300

A lawsuit has been filed against you.

YOU ARE HEREBY SUMMONED and required to serve upon plaintiff, an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure within 21 days after service of this summons on you (not counting the day you received it). If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You must also file your answer or motion with the Court.

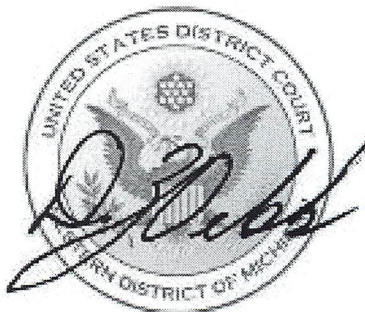
The Court has offices in the following locations:

399 Federal Building, 110 Michigan St., NW, Grand Rapids, MI 49503
P.O. Box 698, 229 Federal Building, Marquette, MI 49855
107 Federal Building, 410 W. Michigan Ave., Kalamazoo, MI 49007
113 Federal Building, 315 W. Allegan, Lansing, MI 48933

PLAINTIFF OR PLAINTIFF'S ATTORNEY NAME AND ADDRESS

ROBERT M. GIROUX (P-47966)
19390 W. Ten Mile Road
Southfield, MI 48075
(248) 355-5555

TRACEY CORDES, CLERK OF COURT



May 7, 2013

By: Deputy Clerk

Date

PROOF OF SERVICE

This summons for Deputy Jeff Sullivan was received by me on _____
(name of individual and title, if any) (date)

☐ I personally served the summons on the individual at _____
on _____ (date) (place where served)

I left the summons at the individual's residence or usual place of abode with _____, a person
(name)
of suitable age and discretion who resides there, on _____, and mailed a copy to the individual's last known address.
(date)

I served the summons on _____, who is designated by law to accept service
(name of individual)
of process on behalf of _____ on _____
(name of organization) (date)

I returned the summons unexecuted because _____

Other (specify) Certified Mail - Return Receipt Attached

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____

I declare under the penalty of perjury that this information is true.

Date: 6/27/2013

Additional information regarding attempted service, etc.:

Stephanie S. Stipanovich
Server's signature
Stephanie S. Stipanovich, Legal Asst.
Server's printed name and title
19390 W. Ten Mile Rd., Southfield, MI
Server's address
48075

U.S. Postal Service TM
CERTIFIED MAIL TM RECEIPT
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OFFICIAL USE

Postage	\$	Postmark Here 5/22/2013
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Deputy Jeff Sullivan
 Street, Apt. No.; 7011 Ball Ave NE
 or PO Box No.
 City, State, ZIP+4 Grand Rapids, MI 49503

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input checked="" type="checkbox"/> <u>[Signature]</u></p> <p>B. Received by (Printed Name) C. Date of Delivery <u>Carlson</u> <u>5/28/13</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">703</div> </p>						
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; color: blue;">Deputy Jeff Sullivan 7011 Ball Ave NE Grand Rapids, MI 49503</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						
<p>2. Article Number 7008 1830 0004 7255 8574</p> <p style="font-size: 0.8em;">(Transfer from sel)</p>							
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>							